the reactors has so far been followed for all the atomic power plants.

(b) A decision has been taken to increase the exclusion zone to 2 KMs for projects being set up at new sites.

(c) and (d) A request has been made to the State Government in this regard but so far no land has been acquired.

(e) Some representations have been received against the setting up of the nuclear power plant at Kudankulam. The contents of these representations mainly relate to the safety of the public, likely damage to environment and loss of livelihood to the land losers and fishermen near the Project. A systematic effort to educate the public and allay fears in their minds has been taken up by the Department of Atomic Energy.

Memorandum submitted by AIIMS Resident Doctors' Association

810. SHRI N. E. BALARAM:
SHRI CHATURANAN MISHRA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Resident Doctors' Association of All India Institute of Medical Sciences, New Delhi submitted a memorandum to Government on the 10th January, 1989;

(b) if so, what are their demands; and

(c) the steps taken to settle their demands?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) The Resident Doctors' Association have made the following demands:—

(1) Non Practising Allowance to Junior Doctors @ Rs. 600|- p.m.

(2) Dearness Allowance to be given on Non-Practising Allowance.

(3) Arrears on the above with effect from 1-1-1986.

(4) Sanction of contingency allowance of Rs. 100|- p.m. for Junior Residents and Rs. 250|- p.m. for Senior Residents.

(5) Payment of arrears of contingency allowance from 1-1-1987.

(6) Inservice treatment for Residency period for those who later taken up Government jobs.

(c) The demands will be considered on merit keeping in view also the overall financial constraints of the Govt. and the repercussions among other categories of employees of the Government.

Identification of Drugs under Category-II

811. SHRIMATI BIJOYA CHAKRAVARTY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government considered the list of drugs, both covered under WHO and additional drugs considered by Kelkar Committee, for identification for Category-II from essential angle;

(b) if so, the names of drugs found non-essential;

(c) whether it is also a fact that Government certified non-essentiality of Psychotherapeutic and Tranqulizers;

(d) what were the basis on which non-essentially was certified; and

(e) the names of drugs from non-essential list which are covered under WHO list and are needed for National Health programmes?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) The Category-II of the Drugs Price Control Order 1987 containing name of essential drugs other than those under Category-I was prepared by the Department of Chemicals on the recommendation of the Kelkar Committee from the price control angle.

(c) and (d) The psychotherapeutic drugs including tranquillisers, were not considered essential from the angle of price control as experts considered that the magnitude of psychiatric problems was relatively less in the country as compared to other diseases.

(e) The esential drugs for National Health Programme from the price control angle are listed under Category-I of the Drugs Price Control Order, 1987. This is a restrictive list keeping in tune with the overall objective of the price control order and does not include all essential drugs included in the World Health Organisation's essential drug list.

Marketing of Anabolic Steroids

812. SHRIMATI BIJOYA CHAKRAVARTY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of anabolic steroids drugs being marketed in the country;

(b) whether it is a fact that these drugs are also being marketed in combination;

(c) whether it is a fact that a number of these drugs both individually and in combination are hazardous and dangerous;

(d) whether it is a fact that these drugs are misused;

(e) whether it is a fact that no precautionary pack insert is provided with the medicine;

(f) if so, the reasons thereof;

(g) what are the side and dangerous effects of Orabolin, Decadurobulin, Durabolin and what steps have been taken in that regard;

(h) whether it is also a fact that a number of other dangerous and hazardous drugs are also being marketed in the country; and

(i) if so, the details thereof and the action taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The names of anabolic steroids being marketed in the country are Nandrolone, Methandinone, Oxymethalone, Stenozolol and Ethyl-estrenlol.

(b) Yes, it is a fact.

(c) and (d) The experts consulted have not considered anabolic steroids a hazardous and had opined that they have a definite therapeutic role to play in certain restricted conditions. However to avoid indiscriminate use, the combinations of anabolic steroids were banned under a notification. This was challenged by some aggrieved manufacturers for which a stay was granted to them by Courts of Law.

(e) and (f) Although package insert is not a statutory requirement, yet, the leading manufacturers give package insert highlighting the specific indications, contra-indications and warning to be followed while administering these drugs.

(g) The prominent side effects of anabolic steroids include increase Nitrogen retention and skeletal weight, Sodium and water retention, Oedema, increase of Calcium level in blood and increase in growth of bone.

In order to avoid indiscriminate use of anabolic steroids, the indications of these drugs have been streamlined in consultation with the experts. These indications are for replacement therapy in hypogonadism, in the male climacteric, in the treatment of gynecomastia, in the palliative treatment of breast cancer, to increase weight in patients suffering from wasting diseases and in some refractory anaemias.

(h) and (i) It is not a fact that a number of hazardous drugs are being marketed in the country. Out of 44 drugs reported to be withdrawn in some countries of the world, 26 drugs were never allowed to be marketed and action to withdraw 11 drugs have been taken. A conscious decision for continued marketing of remaining 7 drugs, namely, Hydroxyquinoline group of drugs, Nitrofuran compounds Lynestrenol, Piperazine, Phen-